

**Notice:** Information requested is required for the Department to determine whether or not to grant a variance. Chapter NR 812, Wis. Adm. Code, establishes uniform standards for the construction and maintenance of water supply systems. Under s. NR 812.43(1), Wis. Adm. Code, "When strict compliance with the requirements of this chapter is not feasible a variance may be requested." Failure to provide all requested information may result in denial of your application for a variance. Personally identifiable information on this form will be used to administer the water supply program. Copies are also available to requesters under Wisconsin's Open Records law [ss. 19.31 - 19.39, Wis. Stats.].

| Applicant Information  |  |       |  |                  |  |          |  |   |  |                  |  |                       |  |        |  |
|--|--|-------|--|------------------|--|----------|--|---|--|------------------|--|-----------------------|--|--------|--|
| Name: First  |  |       |  | MI               |  | Last     |  | Facility Name (if any)                    |  |                  |  |                       |  |        |  |
| Mailing Street Address and PO Box  |  |       |  |                  |  |          |  | Address of well (if different than owner) |  |                  |  |                       |  |        |  |
| City   |  |       |  | State            |  | ZIP Code |  | City                                      |  | State            |  | ZIP Code              |  |        |  |
| Gov't Lot #  |  | ¼ - ¼ |  | ¼                |  | Section  |  | Township                                  |  | Range E/W        |  | City, Town or Village |  | County |  |
| Telephone Number   |  |       |  | Subdivision Name |  |          |  |   |  | Lot Number       |  | Block Number          |  |        |  |
| Well Construction Information  |  |       |  |                  |  |          |  |   |  |                  |  |                       |  |        |  |
| If variance request is for an existing well, include the following well construction information, if known. Include copy of well report if possible. |  |       |  |                  |  |          |  |   |  |                  |  |                       |  |        |  |
| Well Type<br><input type="checkbox"/> Drilled <input type="checkbox"/> Driven Point <input type="checkbox"/> Other _____                             |  |       |  |                  |  |          |  | Casing Depth                              |  | Total Well Depth |  |                       |  |        |  |
| Name of Original Well Owner  |  |       |  |                  |  |          |  | Date                                      |  | Constructed By   |  | Unique Well Number    |  |        |  |
| Variance Information   |  |       |  |                  |  |          |  |   |  |                  |  |                       |  |        |  |
| For what code requirement (NR 812 Wis. Adm. Code) are you requesting a variance?   |  |       |  |                  |  |          |  |   |  |                  |  |                       |  |        |  |
| What is the requested separation distance or construction requirement modification?  |  |       |  |                  |  |          |  |   |  |                  |  |                       |  |        |  |
| Why is compliance with the code requirements not feasible?   |  |       |  |                  |  |          |  |   |  |                  |  |                       |  |        |  |

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**Site Drawing**

- Sketch the property and location of the water supply. Include the scale of the drawing and distances to known sources of contamination (for example, septic systems, gas tanks, drain tiles, animal pens, etc.)
  - Show slope arrows from well and contamination sources if lot is sloped
  - Attach any extra sheets of other information, which may be useful in describing your situation
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(North)

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**SITE DRAWING**

- DNR regional personnel may inspect this property to verify information provided and to determine comparable protection options. You may be contacted by phone for an appointment, or if more information is needed.
- NO CONSTRUCTION SHALL BEGIN UNTIL THE OWNER OR CONTRACTOR HAS RECEIVED A WRITTEN VARIANCE APPROVAL DOCUMENT.
- Written notification will be provided of approval or denial with 65 business days of receipt of this application, as provided by s. NR 812, Wis. Adm. Code.

I certify to the best of my knowledge the information provided in this application is true, complete, and correct. I understand that the information I provide will be used by the Department to determine if a variance can be granted and what construction specifications will be required to provide comparable protection. I further understand that in granting a variance the Department does not guarantee acceptable water quality or quantity.

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Owner's Signature

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Date Signed

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Name and Address of Well Driller, Well Contractor or Pump Installer, if known

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**MAIL THIS APPLICATION TO:**